

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>			
<b>RESPONSE FORMALITY REVIEW</b>	T A (v)	J.C844 875	16/16/01 5/20/02

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	03/03/01
2			
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6	✓		
7		N	
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Claim	Final	Original	Date
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**BEST AVAILABLE COPY**

If more than 150 claims or 10 actions  
staple additional sheet here

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03/01/01  
16/01/01  
16/01/01  
16/01/01